

**SOUTHERN ARIZONA VETERANS' MEMORIAL CEMETERY
PRE-REGISTRATION APPLICATION**

1300 Buffalo Soldier Trail, Sierra Vista, AZ 85635 PH. (520) 458-7144 FAX(520)458-7147

DECEDENT NAME:

First

Middle

Last

Suffix

SSN#: _____ DOD: _____ DOB: _____

Gender: _____ Marital Status: _____

Relationship to veteran: _____

Place of residence: _____

Last known: City, State, Zip code, County of decedent

FUNERAL HOME:

Contact: _____

Phone: _____

LEGAL NEXT OF KIN:

Relationship: _____

SPOUSE ONLY: DOB: _____

SSN#: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip code: _____

Is spouse a veteran: _____ If so, does surviving spouse want a "set aside grave?" *If yes, provide copy of discharge for both veterans.*

VETERAN:

Highest rank: _____

First

Middle

Last

Service#: _____ SSN#: _____ VA Claim#: _____

Military Status: _____ Branch of Service: _____

Active Duty Dates: Entry: _____ Discharge: _____

(Funeral Director or family schedule services and Military honors.) Committal Shelter: _____

Military honors: _____ Branch of Service: _____ Religious emblem: _____

Interment _____ Service type: _____

(Optional) War periods (specify): _____

Request date and time for service: _____

Marker Additional Inscriptions: (Two lines- Columbarium niche - 12 character spaces per line including spaces. Upright headstones 15 character spaces per line including spaces.)

PLEASE FORWARD ALL AVAILABLE MILITARY DOCUMENTS

Documentation is required for Awards and Highest Rank Held. Information on this form will also be used to order the monument. Please insure that spelling and dates are accurate. I have certified that the above information is correct.

SIGNATURE (NOK): _____ **DATE:** _____

*******FOR OFFICE USE ONLY*******

SCHEDULING: Day _____ Date _____ Time _____

Previous family burials: _____ (Burial of spouse and/or dependant child)

Section _____ Row _____ Site _____ Verified Docs _____ Verified by: _____

****INSTRUCTIONS****

After clicking “submit”, your application will be emailed to the Veterans Cemetery staff. You will need to fax or mail a copy of the veteran’s DD-214 or the appropriate discharge paperwork to the veterans’ cemetery.

Faxed copies to: 520-458-7147

Mail copies to:

SAVMC
1300 Buffalo Soldiers Trail
Sierra Vista, Arizona 85635

Scanned copies are accepted and can be emailed to savmc@azdvs.gov